

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 21-NOV-2015		TIME 22:00:00	2. ADDRESS OF OCCURRENCE 3151 W HARRISON ST CHICAGO, IL 60612			3. LOCATION CODE 280	4. BEAT/GRID/ROUTE 1134						
MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	5. POSITION 9161	6. LAST NAME RYAN	7. FIRST NAME MEGAN L	8. STAR NO. 6259	9. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	10. RACE CODE WHI	11. AGE 507	12. HT 150					
	14. DATE OF APPT. 26-AUG-2013	15. EMPLOYEE NO. 002	16. UNIT & SEAT OF ASSIGNMENT 4557B	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	20. LAST NAME MOORE	21. FIRST NAME MICHAEL	22. MJ A	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 21-JAN-1987	26. HT 506	27. WT 140					
	28. ADDRESS 620 WILLARD ROCKFORD, IL	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No								
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. APPARENT CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence	37. DOB NO. 19226216	38. IR NO. IR NO.	39. DNA						
	40. CHARGES PLACED 720 ILCS 5.0/31-1-A, 725 ILCS 5.0/110-3												
	MEMBER'S SUBJECT'S ACTIONS	41. PASSIVE REGISTER		42. ACTIVE REGISTER		43. ASSAULT/ASSAULT		44. ASSAULT/BATTERY					
		DO NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	FLED <input type="checkbox"/>	OTHER <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>					
	MEMBER'S RESPONSE	45. MEMBER PRESENCE		46. OPEN HAND STRIKE		47. ELBOW STRIKE		48. KNEE STRIKE					
		VERBAL COMMANDS <input checked="" type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>	OTHER <input type="checkbox"/>				
49. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)				50. ADDITIONAL INFORMATION									
51. POSITION		STAR NO.		UNIT		52. WEAPON TYPE							
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		<input type="checkbox"/> 01 INCIDENT OCCURRED Indoors <input type="checkbox"/> Outdoors		<input type="checkbox"/> 03 LIGHTING CONDITIONS 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial		<input type="checkbox"/> 01 WEATHER CONDITIONS 01 OTHER			
53. TASER DART ID NO.		54. WEAPON SERIAL NO. (Include Letters)		55. CHICAGO GUN REG. NO.		56. MODEL		57. BARREL LENGTH		58. CALIBER/GAUGE			
59. SPECIAL WEAPON CERTIFICATE NO.		60. PROPERTY INVENTORY NO.		61. TYPE OF AMMUNITION USED		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		63. TOTAL NO. OF SHOTS MEMBER FIRED		64. WEATHER CONDITIONS			
65. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		66. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		67. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		68. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		69. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		70. OTHER (Specify)			
71. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		72. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		73. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT.		74. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		75. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		76. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			
77. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.													
78. REPORTING MEMBER (Print Name) RYAN, MEGAN L 21-NOV-2015 23:16:09				STAR/EMPLOYEE NO. 6259		SIGNATURE		79. REVIEWING SUPERVISOR (Print Name) XIQUES, JOHN C 1996				SIGNATURE	
80. REVIEWING SUPERVISOR (Print Name) XIQUES, JOHN C 1996				STAR NO. 1996		SIGNATURE		81. DATE REVIEWED 21-NOV-2015 23:26:08				TIME 21-NOV-2015 23:26:08	

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DPA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

R/Lt believes with the information provided at this time that the officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES. I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/JORNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name) HARRIS, DAVID G	SIGNATURE 	DATE COMPLETED 21-NOV-2015 23:46:04	TIME
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79. TOTAL TRR'S THIS EVENT No.

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